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Abbott Laboratories				
100 Abbott Park Road				
Abbott Park, Illinois 60064-3500				
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.				
SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee				
Signature	7711		Date: 5/27/0	X
Name	Susan Tall		Telephone: 5/0-2	164-4381
Title	Senior 19 Counc	sel		

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